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CANotes P	Cont	tinue	Photo		Char		tson, Step atient's Nam		151 35 Yrs Patient's ID
Demographics			<u> </u>		Go to E-P		ident 3 Nam		OB 8/18/1987
,	hylactic Reaction Reported 🗌			,	Patient Reviewed Demographics				
Patient Information			Insurance Information				Other Contacts		
*Name (F,M,L,Suffix)	Stephanie	Attson		*D:	ate of Birth	8/18/1987	Age:	35	*Date of Entry 7/26/2023
				Unique	Patient ID	151			
Bad Address Addr 2 / Appt #		County		o_	*Gender	woman		✓ more	*Sex: F Red fields are
Chart City, State, Zip				Refer to	patient as	Stephanie			
Best Phone Home Phone	C	Country US			SSN#	525-65-7572	2	_	Extra Privacy
O Work Cell Phone			Other Nam		t. Patient ID			Room:	MAR API/
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Appt Reminders via: Email Text Message Phone Message			Date of Current Admission: From To						
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Grade	~	Birth		Condi	tion Palated	To Employment	? O Yes •	No	
Marital Status	v	Order				o Auto Accident		No	State Of Accident
Sexual Orientation		Multiple		Conditio	on Related To	Other Accident	? Yes •	No	
*Ethnicity		Birth —	In trea	tment Previou	usly? OY	′ ○N If yes	s, where?		
Ethnicity 2		Date Of Death Preliminary Cause							
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